

2017 Medicare Advantage Plans	Summary of Benefits Table ( Jefferson Parish)			
	Aetna Medicare Connect Plus	Advantra	Blue Advantage	Humana Gold Plus
Contract ID/Plan ID	H5521-136	H3928-001	H6453-002	H1951-047
Organization Name	Aetna Medicare	Coventry Health Care	HMO LA	Humana Health Benefit of LA
Type of Medicare Plan	Local PPO	Local HMO	Local HMO	Local HMO
Monthly Consolidated Premium (includes part C & D)	\$125	\$0	\$0	\$0
Health Plan Deductible	\$500 annual deductible	\$0	\$0	\$0
PCP Co-pay	\$5/ 20%	\$5	\$5	\$10
Specialist Co-pay	\$25/ 20%	\$30	\$40	\$20- \$50
ER	\$75 per visit (always covered)	\$75 per visit (always covered)	\$75 per visit (always covered)	\$75 per visit (always covered)
Ambulance	\$100	\$250	\$245	\$265 or 20%
Skilled nursing	\$0 for days 1 through 20 \$164 for days 21 through 100	\$0 for days 1 through 20 \$125 for days 21 through 100	\$0 for days 1 through 20 \$160 for days 21 through 100	\$0 for days 1 through 20 \$164.50 for days 21 through 100
Inpatient Hospital	\$300 for days 1 through 6 \$0 for days 7 through 90	\$140 for days 1 through 6 \$0 for days 7 through 90	\$125 for days 1 through 10 \$0 for days 11 through 90 \$125 for days 91 through 100 \$0 for days 101 and beyond	\$105 for days 1 through 10 \$0 for days 11 through 90 \$0 for days 91 and beyond
Annual Drug Deductible	\$400	\$95	\$0	\$400
Additional Coverage Offered in the Gap	\$2- \$20 and/or 40%- 51%	\$2- \$20 and/or 40%- 51%	\$3- \$10 and/ or 40%- 51%	\$5- \$100 and/ or 25%- 51%
Chemo Drugs	20%	20%	20%	15%- 20%
Out-of-Pocket Maximum	\$5,900/ \$10,000	\$6,700	\$6,700	\$6,700

<b>Summary of Benefits Table ( Jefferson Parish)</b>			
Medicare Advantage Plans	Humana Total Care Advantage	HumanaChoice	HumanaChoice
Contract ID/Plan ID	H1951-038	R5826-011	R5826-068
Organization Name	Humana Health Benefit of LA	Humana Insurance Company	Humana Insurance Company
Type of Medicare Plan	Local HMO	Regional PPO	Regional PPO
Monthly Consolidated Premium (includes part C & D)	\$0	\$77	\$0
Health Plan Deductible	\$0	\$1,000 annual deductible	\$1,000 annual deductible
PCP Co-pay	\$0	\$15	\$10/ \$35
Specialist Co-pay	\$0- \$45	\$15- \$50	\$10- \$35/ \$50
ER	\$75 per visit (always covered)	\$75 per visit (always covered)	\$75 per visit (always covered)
Ambulance	\$265 or 20%	\$265 or 20%	\$265 or 20%
Skilled nursing	\$0 for days 1 through 20 \$164.50 for days 21 through 100	\$0 for days 1 through 20 \$164.50 for days 21 through 100	\$0 for days 1 through 20 \$164.50 for days 21 through 100
Inpatient Hospital	\$105 for days 1 through 10 \$0 for days 11 through 90 \$0 for days 91 and beyond	\$275 for days 1 through 7 \$0 for days 8 through 90 \$0 for days 91 and beyond	\$195 for days 1 through 6 \$0 for days 7 through 90 \$0 for days 91 and beyond
Annual Drug Deductible	\$350	\$400	Drugs not covered
Additional Coverage Offered in the Gap	\$5- \$100 and/ or 26%- 51%	\$6- \$100 and/or 25%- 51%	Drugs not covered
Chemo Drugs	15%- 20%	20%/ 19%- 25%	20%- 30%
Out-of-Pocket Maximum	\$6,700	\$6,700/ \$10,000	\$6,700

<b>Summary of Benefits Table ( Jefferson Parish)</b>				
Medicare Advantage Plans	HumanaChoice	Peoples Health Choices 65 #14	Peoples Health Choices Platinum #009	Peoples Health Choices Premium
Contract ID/Plan ID	R5826-078	H1961-014	H1961-009	H1961-016
Organization Name	Humana Insurance Company	Peoples Health	Peoples Health	Peoples Health
Type of Medicare Plan	Regional PPO	Local HMO	Local HMO	Local HMO
Monthly Consolidated Premium (includes part C & D)	\$47	\$0	\$0	\$186.80
Health Plan Deductible	\$1,000 annual deductible	\$0	\$0	\$0
PCP Co-pay	\$15/ 30%	\$5	\$0	\$0
Specialist Co-pay	\$25- \$50/ 30%	\$45	\$30	\$0
ER	\$75 per visit (always covered)	\$75 per visit (always covered)	\$75 per visit (always covered)	\$0
Ambulance	\$265 or 20%	\$220	\$220	\$0
Skilled nursing	\$0 for days 1 through 20 \$164.50 for days 21 through 100	\$0 for days 1 through 20 \$155 for days 21 through 100	\$0 for days 1 through 20 \$155 for days 21 through 100	\$0
Inpatient Hospital	\$275 for days 1 through 7 \$0 for days 8 through 90 \$0 for days 91 and beyond	\$85 for days 1 through 10 \$0 for days 11 through 90	\$55 for days 1 through 10 \$0 for days 11 through 90	\$0
Annual Drug Deductible	\$400	\$0	\$0	\$0
Additional Coverage Offered in the Gap	40%- 51%	\$0- \$15 and/or 40%- 51%	\$0- \$15 and/ or 40%- 51%	\$0- \$15 and/ or 40%- 51%
Chemo Drugs	20%- 30%	15%	15%	15%
Out-of-Pocket Maximum	\$6,700	\$6,700	\$6,700	\$6,700

Summary of Benefits Table ( Jefferson Parish)			
Medicare Advantage Plans	AAA4 Vantage Traditional Plus	AAA9 Vantage Capitol	WellCare Value
Contract ID/Plan ID	H5576-008	H5576-021	H2491-007
Organization Name	Vantage Health Plan Local HMO	Vantage Health Plan Local HMO	WellCare Health Plan
Type of Medicare Plan			Local HMO
Monthly Consolidated Premium (includes part C & D)	\$32.80	\$0	\$0
Health Plan Deductible		\$350 Out-of-network	\$0
PCP Co-pay	\$10 or 0-20%	\$25 or 0-20%	\$5
Specialist Co-pay	20%	\$50 or 0-20%	\$35
ER	20% per visit (always covered)	\$75 per visit (always covered)	\$75 per visit (always covered)
Ambulance	20%	\$250	\$250
Skilled nursing		\$0 for days 1 through 20 \$164 for days 21 through 100	\$0 for days 1 through 20 \$164.50 for days 21 through 100
Inpatient Hospital		\$335 for days 1 through 5 \$0 for days 6 through 90	\$250 for days 1 through 7 \$0 for days 8 through 90
Annual Drug Deductible	\$400	\$350	\$0
Additional Coverage Offered in the Gap	40%- 51%	40%- 51%	40%- 51%
Chemo Drugs	20%	20%	20%
Out-of-Pocket Maximum	\$6,700	\$6,700	\$6,700